

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 008  | 200001   | CITY OR TOWN   | BEDFORD                |
|--|--|--|------------------------|
| APPLICATION FOR REN  | NEWAL: Annual  | LICENS   | SED FOR 2013           |
|  | CLASS  | S  | YEAR                   |
| LICENSEE NAME: RIC   | HMARK RESTAURANTS O  | F BEDFORD, INC.                                      |                        |
| DOING BUSINESS A CA  | AFE LUIGI  |  |                        |
| ADDRESS 00168B & 168   | 3C GREAT RD  |  |                        |
| CITY/TOWN: BEDFOR  | D STATE:   | MA ZIP CODE:   | 01730                  |
| MANAGER: STOICO,   | RICHARD TYPE OF LICENSI  | E:Restaurant CA                                      | ATEGORY: All Alcohol   |
| EMAIL ADDRESS:   |  |  |                        |
| DESCRIPTION OF LICE ONE ROOM ON THE FIL I hereby certify and swear  1. the renewed lic 2. the licensee has | NSED PREMISES: RST FLOOR 30' X 25' WING. under penalties of perjury that: ense will be of the same type for complied with all laws of the ce now open for business (If not | or the same premises now<br>Commonwealth relating to |                        |
| SIGNED BY Ind  | ividual, Partner or Authorized (   | Corporate Officer                                    |                        |
| DATE:  | TELEPHONE NUMBER:  |  | IDENTIFICATION NUMBER: |
| Acts of 2004, signed by t  | est that we are in possession (<br>he building inspector and the<br>e certificate of liquor liability  | head of the fire departr                             | nent for the above     |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)  |  | LOCAL LICENS By:                                     | ING AUTHORITY          |
|  |  |  |                        |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 00  | 18200003           |                         | CITY       | OR IOWN BEDFO             | KD                  |
|---|--------------------|-------------------------|------------|---------------------------|---------------------|
| APPLICATION FOR RI  | ENEWAL:            | Annual                  |            | LICENSED FOR              | 2013                |
|   |                    | CLASS                   |            |                           | YEAR                |
| LICENSEE NAME: BI   | EDFORD COA         | CH INC.                 |            |                           |                     |
| DOING BUSINESS A  | SPARTA REST        | AURANT                  |            |                           |                     |
| ADDRESS 321 GREAT   | RD.                |                         |            |                           |                     |
| CITY/TOWN: BEDFO  | RD                 | STATE: MA               | ZI         | P CODE: 01730             |                     |
| MANAGER: STAMA<br>GEORG   | ,                  | PE OF LICENSE:R         | estaurant  | CATEGOR                   | Y: All Alcohol      |
| EMAIL ADDRESS:  |                    |                         |            |                           |                     |
| PLEA  | ASE ALSO VISIT OUR | WEBSITE AND ENTER YOUR  | EMAIL ADDI | RESS                      |                     |
| DESCRIPTION OF LIC  |                    |                         |            |                           |                     |
| ONE FLOOR, ONE ROO  | OM,ENTRANC         | E AND EXIT AT F         | ONT        |                           |                     |
| I hereby certify and swea   | ar under penaltie  | es of perjury that:     |            |                           |                     |
| 1. the renewed l  | icense will be o   | f the same type for the | e same p   | remises now licensed;     |                     |
| 2. the licensee h   | as complied wit    | th all laws of the Con  | monwea     | Ith relating to taxes; ar | nd                  |
| 3. the premises   | are now open fo    | or business (If not exp | lain belo  | w)                        |                     |
| GIGNED DV   |                    |                         |            |                           |                     |
| SIGNED BY   | ndividual, Partne  | er or Authorized Corp   | orate Of   | ficer                     |                     |
|   |                    |                         |            |                           |                     |
|   |                    |                         |            |                           |                     |
| DATE:   | TELEPHO            | NE NUMBER:              |            | EMPLOYER IDENTIFIC        | CATION NUMBER:      |
|   |                    |                         | (1)        | Note: NOT Individual Soci | al Security Number) |
| We the undersigned, at Acts of 2004, signed by named license and (2) to f 2010. | the building in    | nspector and the he     | ad of the  | fire department for t     | the above           |
| Please Check Below:   |                    |                         | LOC        | AL LICENSING AUT          | THORITY             |
| APPROVED:   |                    |                         | By:        |                           |                     |
| DISAPPROVED:  |                    |                         |            |                           |                     |
| (If disapproved explain)  |                    |                         |            |                           |                     |
|   |                    |                         |            |                           |                     |
| DATE:   |                    |                         |            |                           |                     |



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| LICENSE NUMBER: 00820              | 0004  | CITY OR TOWN BEDF             | ORD                    |
|------------------------------------|---|-------------------------------|------------------------|
| APPLICATION FOR RENE               | WAL: Annual                                     | LICENSED FO                   | OR 2013                |
|                                    | CLASS   |                               | YEAR                   |
| LICENSEE NAME: JALAI               | RAM KUTIR, INC.                                 |                               |                        |
| DOING BUSINESS A BED               | FORD PLAZA HOTEL                                |                               |                        |
| ADDRESS 340 GREAT RD               |   |                               |                        |
| CITY/TOWN: BEDFORD                 | STATE: MA                                       | A ZIP CODE: 01730             | 0                      |
| MANAGER: PATEL, SHA                | AILESH TYPE OF LICENSE:                         | Innholder CATEGO              | PRY: All Alcohol       |
| EMAIL ADDRESS:                     |   |                               |                        |
|                                    | SO VISIT OUR WEBSITE AND ENTER YOU              | R EMAIL ADDRESS               |                        |
| DESCRIPTION OF LICENS              | SED PREMISES:                                   |                               |                        |
|                                    | ROUND GARAGE,FIRST FLO                          |                               |                        |
|                                    | COURTYARD AND POOL. 2.<br>RMS,LOBBY, 2 FUNCTION |                               |                        |
| RESTROOMS. 3RD FLR;34<br>RESTROOMS | · KIVIO,LUDD I , 2 FUNCTION                     | KOOMO,,CATEKING AKEA          | AND                    |
| I hereby certify and swear un      | der penalties of perjury that:                  |                               |                        |
| 1. the renewed licens              | se will be of the same type for t               | the same premises now license | d;                     |
| 2. the licensee has co             | omplied with all laws of the Co                 | mmonwealth relating to taxes; | and                    |
| 3. the premises are n              | now open for business (If not ex                | xplain below)                 |                        |
|                                    |   |                               |                        |
| SIGNED BY                          |   |                               |                        |
| Indivi                             | dual, Partner or Authorized Con                 | rporate Officer               |                        |
|                                    |   |                               |                        |
|                                    |   |                               |                        |
| DATE:                              | TELEPHONE NUMBER:                               |                               | FICATION NUMBER:       |
|                                    |   | (Note: NOT Individual So      | ocial Security Number) |
| We the undersigned attest          | that we are in possession (1)                   | the certificate required by C | hanter 304 of the      |
|                                    | building inspector and the ho                   |                               | -                      |
|                                    | certificate of liquor liability in              | surance required by Chapte    | r 116 of the Acts      |
| of 2010.                           |   |                               |                        |
| Please Check Below:                |   | LOCAL LICENSING AT            | UTHORITY               |
| APPROVED:                          |   | By:                           |                        |
| DISAPPROVED:                       |   |                               |                        |
| (If disapproved explain)           |   |                               |                        |
|                                    |   |                               |                        |
| DATE.                              |   |                               |                        |
| DATE:                              |   |                               |                        |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER:                      | 008200005  |               | CIT           | Y OR TOWN                 | BEDFORD           |                 |
|--------------------------------------|--|---------------|---------------|---------------------------|-------------------|-----------------|
| APPLICATION FOR                      | RENEWAL:   | Annua         | ıl            | LICENS                    | SED FOR 20        | 13              |
|                                      |  | CLAS          | S             |                           | ,                 | YEAR            |
| LICENSEE NAME:                       | ANTHONY-HUNT-H   | IAMILTON      | POST #22      | 1 AM.LEGION               | N INC             |                 |
| DOING BUSINESS A                     | <b>A</b>   |               |               |                           |                   |                 |
| ADDRESS 357 GREA                     | AT RD.   |               |               |                           |                   |                 |
| CITY/TOWN: BEDI                      | FORD   | STATE:        | MA Z          | ZIP CODE:                 | 01730             |                 |
| MANAGER: JEWE V.                     | TT.ARTHUR TYPE   | OF LICENS     | SE: Veterans  | club CA                   | ATEGORY:          | All Alcohol     |
| EMAIL ADDRESS:                       |  |               |               |                           |                   |                 |
| PI                                   | LEASE ALSO VISIT OUR WEBSI   | TE AND ENTER  | YOUR EMAIL AI | DDRESS                    |                   |                 |
|                                      | ICENSED PREMISES   |               |               |                           |                   |                 |
|                                      | RGE HALL,TWO RES<br>ER LEVEL- 3 ROOMS  |               |               |                           | NDERS ROO         | OM ON           |
| I hereby certify and sw              | vear under penalties of  | perjury that  | :             |                           |                   |                 |
| 1. the renewed                       | d license will be of the   | same type i   | or the same   | premises now              | licensed;         |                 |
| 2. the licenses                      | e has complied with all  | laws of the   | Commonwe      | ealth relating to         | taxes; and        |                 |
| 3. the premise                       | es are now open for bus  | siness (If no | t explain be  | low)                      |                   |                 |
|                                      |  |               |               |                           |                   |                 |
| SIGNED BY                            | T 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |               | <b>G</b>      | > cc                      |                   |                 |
|                                      | Individual, Partner or   | Authorized    | Corporate C   | Officer                   |                   |                 |
|                                      |  |               |               |                           |                   |                 |
| DATE                                 |  |               |               |                           |                   |                 |
| DATE:                                | TELEPHONE N  | NUMBER:       |               | EMPLOYER (Note: NOT Indi  | IDENTIFICATI      |                 |
|                                      |  |               |               | (****** <u>1,02</u> IIId. | rridual Boolal Be | curry (various) |
| Acts of 2004, signed                 | , attest that we are in<br>by the building inspec<br>2) the certificate of liq | ctor and th   | e head of th  | ie fire departn           | nent for the      | above           |
| Please Check Below:                  |  |               | LO            | CAL LICENS                | ING AUTHO         | ORITY           |
| APPROVED:                            |  |               | By            | •                         |                   |                 |
| DISAPPROVED: [If disapproved explain |  |               |               |                           |                   |                 |
| (11 disapproved explain              | 11 <i>)</i>  |               |               |                           |                   |                 |
|                                      |  |               |               |                           |                   |                 |
| DATE:                                |  |               | _             |                           |                   |                 |



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| LICENSE NUMBI                                    | ER: 008200006  |                    | CIT           | Y OR TOW       | N REDFORT            | )           |
|--|--|--------------------|---------------|----------------|----------------------|-------------|
| APPLICATION FO                                   | OR RENEWAL:  | Annu               | al            | LICE           | NSED FOR 2           | 013         |
|  |  | CLAS               | SS            |                |                      | YEAR        |
| LICENSEE NAME<br>DOING BUSINES<br>ADDRESS 76 LOO |  | LLIVAN V.F.V       | V.#1628 BE    | DFD.MA.IN      | IC.                  |             |
| CITY/TOWN: BI                                    |  | STATE:             | MA            | ZIP CODE:      | 01730                |             |
| MANAGER: Ly                                      |  | PE OF LICEN        |               |                | CATEGORY:            | All Alcohol |
| EMAIL ADDRESS                                    | S:   |                    |               |                |                      |             |
|  | PLEASE ALSO VISIT OUR V  | WEBSITE AND ENTER  | YOUR EMAIL A  | DDRESS         |                      |             |
| DESCRIPTION O                                    | F LICENSED PREM  | ISES:              |               |                |                      |             |
| TOP FLOOR FOR STORAGE                            | OFFICES,MAIN FL  | OOR FOR CLU        | JB AND MI     | EETING RO      | OM. BASEM            | ENT FOR     |
| I hereby certify and                             | d swear under penaltie   | es of perjury tha  | t:            |                |                      |             |
| 1. the rene                                      | ewed license will be o   | f the same type    | for the same  | premises no    | w licensed;          |             |
| 2. the lice                                      | nsee has complied wit  | th all laws of the | Commonw       | ealth relating | g to taxes; and      |             |
| 3. the prer                                      | nises are now open fo  | or business (If no | ot explain be | elow)          |                      |             |
| SIGNED BY  | Individual, Partne   | er or Authorized   | . Corporate   | Officer        |                      |             |
|  |  |                    |               |                |                      |             |
|  |  |                    |               |                |                      |             |
| DATE:  | TELEPHO  | NE NUMBER:         |               |                | ER IDENTIFICAT       |             |
| Acts of 2004, sign                               | ned, attest that we ar<br>ned by the building in<br>d (2) the certificate of | nspector and th    | e head of t   | he fire depa   | rtment for the       | above       |
| Please Check Below:                              |  |                    | LO            | OCAL LICEN     | NSING AUTH           | ORITY       |
| APPROVED:  |  |                    | Ву            | <b>/:</b>      |                      |             |
| DISAPPROVED:                                     | alain)   |                    |               |                |                      |             |
| (If disapproved exp                              | piaiii)  |                    | _             |                |                      |             |
|  |  |                    |               |                |                      |             |
| DATE:  |  |                    |               |                |                      |             |
| APPLICATION FOR REN                              | EWAL MUST BE FILED BY  | LICENSEES DURING   | THE MONTH     | OF NOVEMBER    | (M.G.L. Ch. 138 \$ 1 | 6A)         |



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| LICENSE NUMBER: 0                    | 008200007                               |                      | CITY OR TOWN          | BEDFORD                           |
|--------------------------------------|---|----------------------|-----------------------|-----------------------------------|
| APPLICATION FOR R                    | RENEWAL:                                | Annual               | LICE                  | NSED FOR 2013                     |
|                                      |   | CLASS                |                       | YEAR                              |
| LICENSEE NAME: L                     | DESTINATION BE                          | DFORD MANAC          | SEMENT                |                                   |
| DOING BUSINESS A                     | DOUBLETREE H                            | OTEL BOSTON-         | BEDFORD               |                                   |
| ADDRESS 44 MIDDL                     | ESEX TRNPKE.                            |                      |                       |                                   |
| CITY/TOWN: BEDFO                     | ORD                                     | STATE: MA            | ZIP CODE:             | 01730                             |
| MANAGER: LUONO                       | GO, LYNNE TYPI                          | E OF LICENSE: Ir     | nnholder (            | CATEGORY: All Alcohol             |
| EMAIL ADDRESS:                       |   |                      |                       |                                   |
| PLE                                  | EASE ALSO VISIT OUR WEI                 | BSITE AND ENTER YOUR | EMAIL ADDRESS         |                                   |
| DESCRIPTION OF LIC                   |   |                      |                       |                                   |
| 3 STORY MULTI LEV<br>CONFERENCE ROOM |   |                      |                       | ANQUET                            |
| I hereby certify and swe             | ear under penalties o                   | of perjury that:     |                       |                                   |
| 1. the renewed                       | license will be of th                   | ne same type for th  | ne same premises nov  | w licensed;                       |
|                                      | •                                       |                      | nmonwealth relating   | to taxes; and                     |
| 3. the premises                      | are now open for b                      | ousiness (If not exp | olain below)          |                                   |
|                                      |   |                      |                       |                                   |
| SIGNED BY                            | Individual, Partner of                  | or Authorized Cor    | oorate Officer        |                                   |
|                                      | , |                      |                       |                                   |
|                                      |   |                      |                       |                                   |
| DATE:                                | TELEPHONE                               | NIIMBER:             | EMPLOYE               | ER IDENTIFICATION NUMBER:         |
|                                      | TEEEI IIOINE                            | Tivelviblic.         | (Note: NOT In         | ndividual Social Security Number) |
| We the undersigned                   | attest that we are i                    | n nossossion (1) t   | ha cartificata roccui | red by Chapter 304 of the         |
| Acts of 2004, signed b               |   |                      |                       |                                   |
| named license and (2) of 2010.       | the certificate of l                    | iquor liability ins  | surance required by   | Chapter 116 of the Acts           |
| Please Check Below:                  |   |                      | LOCALLICEN            | SING AUTHORITY                    |
| APPROVED:                            |   |                      | By:                   |                                   |
| DISAPPROVED:                         |   |                      | •                     |                                   |
| (If disapproved explain)             | )                                       |                      |                       |                                   |
|                                      |   |                      | -                     |                                   |
|                                      |   |                      |                       |                                   |
| DATE:                                |   |                      |                       |                                   |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 008200008   |                             | CITY OR TOWN BEDFO                                      | RD                   |
|---|-----------------------------|---|----------------------|
| APPLICATION FOR RENEWAL:  | Annual                      | LICENSED FOR  | 2013                 |
|   | CLASS                       |   | YEAR                 |
| LICENSEE NAME: GENETTI'S WIN  | NE AND SPIRITS, INC         | C.  |                      |
| DOING BUSINESS A  |                             |   |                      |
| ADDRESS 170 GREAT ROAD  |                             |   |                      |
| CITY/TOWN: BEDFORD  | STATE: MA                   | ZIP CODE: 01730   |                      |
| MANAGER: BORELLA, T'ANDREW J.   | YPE OF LICENSE: Pac         | ckage Store CATEGOR                                     | Y: All Alcohol       |
| EMAIL ADDRESS:  |                             |   |                      |
| PLEASE ALSO VISIT OUR   | WEBSITE AND ENTER YOUR EN   | MAIL ADDRESS  |                      |
| DESCRIPTION OF LICENSED PREM  | IISES:                      |   |                      |
| ONE FLOOR, TWO BASEMENT ARI<br>PORTION OF REAR AND BASEMEN<br>REAR DOORS OPENING TO PARKI | NT USED FOR STOCK           |   |                      |
| I hereby certify and swear under penalti  | es of perjury that:         |   |                      |
| 1. the renewed license will be of   | of the same type for the    | same premises now licensed;                             |                      |
| 2. the licensee has complied wi   | th all laws of the Comr     | nonwealth relating to taxes; ar                         | nd                   |
| 3. the premises are now open for  | or business (If not explain | ain below)  |                      |
|   |                             |   |                      |
| SIGNED BY   |                             | 0.00  |                      |
| Individual, Partn   | er or Authorized Corpo      | orate Officer   |                      |
|   |                             |   |                      |
| DATE  |                             |   |                      |
| DATE: TELEPHO   | NE NUMBER:                  | EMPLOYER IDENTIFIC<br>(Note: <u>NOT</u> Individual Soci |                      |
|   |                             | (170te: 1701 Individual Soci                            | ar security (vumber) |
|   |                             |   |                      |
| Please Check Below:   |                             | LOCAL LICENSING AUT                                     | THORITY              |
| APPROVED:   |                             | By:   |                      |
| DISAPPROVED:  |                             |   |                      |
| (If disapproved explain)  |                             |   |                      |
|   |                             |   | <del></del>          |
| DATE:   |                             | -   |                      |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU  | MBER: 008200009                               |                              | CITY OR TOWN BEDFOR                                   | RD             |
|---|---|------------------------------|---|----------------|
| APPLICATIO  | N FOR RENEWAL:                                | Annual                       | LICENSED FOR  | 2013           |
|   |   | CLASS                        |   | YEAR           |
| DOING BUSI  |   | ORD PACKAGE STORE            | , INC.  |                |
| CITY/TOWN:  | : BEDFORD                                     | STATE: MA                    | ZIP CODE: 01730                                       |                |
| MANAGER:  | BOLAND,<br>WILLIAM T.                         | TYPE OF LICENSE: Pa          | ckage Store CATEGORY                                  | Y: All Alcohol |
| EMAIL ADDI  | RESS:   |                              |   |                |
|   | PLEASE ALSO VISIT                             | OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS  |                |
| ONE FRONT   |   |                              | REAR ENTRANCE, ONE FLO                                | OOR FOR        |
| 2. the  | licensee has complied<br>premises are now ope | · -                          |   | d              |
| DATE:   | TELEP   | HONE NUMBER:                 | EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia |                |
| Please Check Bell<br>APPROVED:<br>DISAPPROVI<br>(If disapproved | ED:   |                              | LOCAL LICENSING AUT By:                               | HORITY         |
| DATE:   |   |                              |   |                |

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$ 



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 008200010   |                               | CITY OR TOWN             | BEDFORD  |  |
|---|-------------------------------|--------------------------|--|--|
| APPLICATION FOR RENEWAL:  | Annual                        | Annual LICENSED FOR 2013 |  |  |
|   | CLASS                         |                          | YEAR   |  |
| LICENSEE NAME: FITZGERALD   | S PACKAGE STORE, IN           | IC.                      |  |  |
| DOING BUSINESS A  |                               |                          |  |  |
| ADDRESS 36 NORTH ROAD   |                               |                          |  |  |
| CITY/TOWN: BEDFORD  | STATE: MA                     | ZIP CODE:                | 01730  |  |
| MANAGER: FITZGERALD, DENNIS R.  | TYPE OF LICENSE: Pack         | kage Store CA            | ATEGORY: All Alcohol                                   |  |
| EMAIL ADDRESS:  |                               |                          |  |  |
| PLEASE ALSO VISIT OU  | UR WEBSITE AND ENTER YOUR EM. | AIL ADDRESS              |  |  |
| DESCRIPTION OF LICENSED PRE   | MISES:                        |                          |  |  |
| TWO STORY WOODEN BLDG, FII STORAGE, FRONT ENTRANCE AN                                 |                               | S AND STORAGE,           | CELLAR FOR   |  |
| <ul><li>2. the licensee has complied v</li><li>3. the premises are now open</li></ul> |                               | =                        | taxes; and   |  |
| SIGNED BY<br>Individual, Par  | tner or Authorized Corpor     | rate Officer             |  |  |
|   |                               |                          |  |  |
| DATE: TELEPH  | IONE NUMBER:                  |                          | IDENTIFICATION NUMBER: ividual Social Security Number) |  |
| Please Check Below: APPROVED: DISAPPROVED:  |                               | LOCAL LICENS<br>By:      | ING AUTHORITY  |  |
| (If disapproved explain)  |                               |                          |  |  |
| DATE:   |                               |                          |  |  |



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| LICENSE NUMBER   | :008200011                       |  | CITY OR TOWN                       | DEDFORD   |
|--|----------------------------------|--|------------------------------------|---|
| APPLICATION FOR  | RENEWAL:                         | Annual   | LICEN                              | SED FOR 2013  |
|  |                                  | CLASS  |                                    | YEAR  |
| LICENSEE NAME:   | BEDFORD CHI                      | NA CORPORATION   |                                    |   |
| DOING BUSINESS   | A THE GREAT V                    | VALL   |                                    |   |
| ADDRESS 00309B   | GREAT ROAD                       |  |                                    |   |
| CITY/TOWN: BED   | FORD                             | STATE: MA  | ZIP CODE:                          | 01730   |
| MANAGER: MOL<br>C.   | VAR, ALICE T                     | YPE OF LICENSE: Res  | taurant C.                         | ATEGORY: All Alcohol  |
| EMAIL ADDRESS:   |                                  |  |                                    |   |
| 1  | PLEASE ALSO VISIT OUR            | WEBSITE AND ENTER YOUR EM  | IAIL ADDRESS                       |   |
| DESCRIPTION OF I   | LICENSED PREM                    | ISES:  |                                    |   |
| ROOM ON THE GR<br>ACCESS TO THE R                                | OUND FLOOR. I<br>EST. WILL BE TI | OPPING CENTER COPATRITIONS WILL BURNINGH THE FRON'DUGH SERVICE DOO | E USED FOR PRIVI<br>F DOOR WHICH V |   |
| I hereby certify and s   | wear under penalti               | es of perjury that:  |                                    |   |
| 1. the renewe  | ed license will be o             | of the same type for the   | same premises now                  | licensed;   |
|  | -                                | th all laws of the Comn  | _                                  | o taxes; and  |
| 3. the premis  | es are now open fo               | or business (If not expla  | in below)                          |   |
| SIGNED BY  | Individual, Partn                | er or Authorized Corpo   | rate Officer                       |   |
|  |                                  |  |                                    |   |
| DATE:  | TELEPHO                          | NE NUMBER:   |                                    | R IDENTIFICATION NUMBER:  |
|  |                                  |  | (Note: NOT Inc                     | dividual Social Security Number)  |
| Acts of 2004, signed   | by the building i                | nspector and the head  | of the fire depart                 | ed by Chapter 304 of the<br>ment for the above<br>Chapter 116 of the Acts |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla | in)                              |  | LOCAL LICENS By:                   | SING AUTHORITY  |
|  |                                  |  |                                    |   |
| DATE:  |                                  |  |                                    |   |



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| LICENSE NUMBER: 008        | 3200012              |                          | CITY OR TOWN BEDFOR  | RD.            |
|----------------------------|----------------------|--------------------------|--|----------------|
| APPLICATION FOR RE         | NEWAL:               | Annual                   | LICENSED FOR   | 2013           |
|                            |                      | CLASS                    |  | YEAR           |
| LICENSEE NAME: BE          | RKHOUT COR           | P                        |  |                |
| DOING BUSINESS A D         | ALYA'S RESTA         | AURANT                   |  |                |
| ADDRESS 20 NORTH R         | SD.                  |                          |  |                |
| CITY/TOWN: BEDFOR          | RD                   | STATE: MA                | ZIP CODE: 01730  |                |
| MANAGER: VANBER<br>MITA T. |                      | PE OF LICENSE: Res       | ctaurant CATEGORY  | Y: All Alcohol |
| EMAIL ADDRESS:             |                      |                          |  |                |
| PLEAS                      | SE ALSO VISIT OUR WI | EBSITE AND ENTER YOUR EN | MAIL ADDRESS   |                |
| DESCRIPTION OF LICE        |                      |                          |  |                |
|                            |                      |                          | EATING FOR 100 PEOPLE,<br>TROOMS. FOUR ENTRANC   |                |
| I hereby certify and swear | r under penalties    | of perjury that:         |  |                |
| 1. the renewed lie         | cense will be of     | the same type for the    | same premises now licensed;  |                |
| 2. the licensee ha         | s complied with      | all laws of the Comm     | nonwealth relating to taxes; and   | d              |
| 3. the premises a          | re now open for      | business (If not expla   | nin below)   |                |
|                            |                      |                          |  |                |
| SIGNED BY                  | dividual Partner     | or Authorized Corpo      | rate Officer   |                |
| 1110                       | iividuai, i artiici  | of Authorized Corpe      | rate Officer   |                |
|                            |                      |                          |  |                |
| DATE:                      | TEI EDUON            | E NUMBER:                | EMPLOYER IDENTIFIC   | ATION NUMBER:  |
|                            | TELEFTION            | E NOMBER.                | (Note: NOT Individual Socia  |                |
| Acts of 2004, signed by    | the building ins     | spector and the head     | e certificate required by Cha<br>l of the fire department for the<br>rance required by Chapter 1 | he above       |
| Please Check Below:        |                      |                          | LOCAL LICENSING AUT  | HORITY         |
| APPROVED:                  |                      |                          | By:  |                |
| DISAPPROVED:               |                      |                          |  |                |
| (If disapproved explain)   |                      |                          |  |                |
|                            |                      |                          |  |                |
| DATE:                      |                      |                          |  |                |
| DATE.                      |                      |                          |  |                |



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|                          | CITY OR TOWN  | BEDFORD   |
|--------------------------|---|---|
| Annual                   | LICEN   | SED FOR 2013  |
| CLASS                    |   | YEAR  |
| STAURANT, INC.           |   |   |
| NESE CUISINE             |   |   |
|                          |   |   |
| STATE: MA                | ZIP CODE:   | 01730   |
| PE OF LICENSE: Re        | estaurant C.  | ATEGORY: Wine and Malt Regular  |
|                          |   |   |
| /EBSITE AND ENTER YOUR F | MAIL ADDRESS  |   |
| SES:                     |   |   |
|                          |   | OMS, BASEMENT   |
| s of perjury that:       |   |   |
| the same type for the    | e same premises now   | licensed;   |
| h all laws of the Com    | monwealth relating t  | o taxes; and  |
| business (If not exp     | ain below)  |   |
|                          |   |   |
|                          |   |   |
| r or Authorized Corp     | orate Officer   |   |
|                          |   |   |
|                          |   |   |
| NE NUMBER:               |   | R IDENTIFICATION NUMBER:  |
|                          | (Note: NOT Inc  | lividual Social Security Number)  |
| spector and the hea      | d of the fire depart  | ment for the above  |
|                          | LOCAL LICENS  | SING AUTHORITY  |
|                          | By:   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          | CLASS STAURANT, INC. NESE CUISINE  STATE: MA PE OF LICENSE: Re  TEBSITE AND ENTER YOUR ESES: CHEN, DINING AR ROIOM, UTILITY A s of perjury that: It he same type for the all laws of the Com business (If not explain all laws of the Com to business (If not explain all laws) To or Authorized Corp  TE NUMBER: | Annual CLASS  STAURANT, INC.  NESE CUISINE  STATE: MA ZIP CODE:  PE OF LICENSE: Restaurant CA  TEBSITE AND ENTER YOUR EMAIL ADDRESS  SES:  CHEN, DINING AREA, TWO BATHRO ROIOM, UTILITY AREA  s of perjury that: the same type for the same premises now a all laws of the Commonwealth relating to business (If not explain below)  To Authorized Corporate Officer  TE NUMBER: EMPLOYER (Note: NOT Ind.)  The in possession (1) the certificate requires spector and the head of the fire departing fliquor liability insurance required by  LOCAL LICENS |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0   | 08200014           |  | CITY           | OR TOWN             | BEDFORL           | )               |
|---|--------------------|--|----------------|---------------------|-------------------|-----------------|
| APPLICATION FOR R   | ENEWAL:            | Annua  | al             | LICEN               | SED FOR 20        | 013             |
|   |                    | CLAS   | SS             |                     |                   | YEAR            |
| LICENSEE NAME: P  | akin, LLC          |  |                |                     |                   |                 |
| DOING BUSINESS A  | Ka-noon Thai C     | Cuisine  |                |                     |                   |                 |
| ADDRESS 00168F GR   | EAT ROAD           |  |                |                     |                   |                 |
| CITY/TOWN: BEDFO  | ORD                | STATE:   | MA ZI          | P CODE:             | 01730             |                 |
| MANAGER: Sahasak<br>Kanita  | montri, TY         | YPE OF LICENS  | SE: Restaurant | C                   | CATEGORY:         | All Alcohol     |
| EMAIL ADDRESS:  |                    |  |                |                     |                   |                 |
| PLE   | ASE ALSO VISIT OUR | WEBSITE AND ENTER                                      | YOUR EMAIL ADD | RESS                |                   | _               |
| DESCRIPTION OF LIC  |                    |  |                |                     |                   |                 |
| 2000 SQFT SINGLE E<br>SEATING FOR 98 PEC<br>FLOORS.                         |                    |  |                |                     |                   |                 |
| 3. the premises SIGNED BY   | are now open fo    | th all laws of the or business (If no error Authorized | t explain belo | ow)                 | to taxes; and     |                 |
|   |                    |  |                |                     |                   |                 |
|   |                    |  |                |                     |                   |                 |
| DATE:   | TELEPHO            | NE NUMBER:   |                |                     |                   | TION NUMBER:    |
|   |                    |  | (.             | Note: <u>NOT</u> In | dividual Social S | ecurity Number) |
| We the undersigned, a Acts of 2004, signed b named license and (2) of 2010. | y the building i   | nspector and th  | e head of the  | fire depart         | ment for the      | above           |
| <u>Please Check Below:</u>  |                    |  | LOC            | CAL LICEN           | SING AUTH         | ORITY           |
| APPROVED:   |                    |  | By:            |                     |                   |                 |
| DISAPPROVED: (If disapproved explain)                                       | )                  |  |                |                     |                   |                 |
| (11 sisupprovou enpluin,  | •                  |  |                |                     |                   |                 |
|   |                    |  |                |                     |                   |                 |
| DATE:   |                    |  |                |                     |                   |                 |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 008200015   |                         | CITY OR TOWN        | BEDFORD        | )           |
|---|-------------------------|---------------------|----------------|-------------|
| APPLICATION FOR RENEWAL:  | Annual                  | LICE                | NSED FOR 20    | 013         |
|   | CLASS                   |                     |                | YEAR        |
| LICENSEE NAME: FLATBREAD BE   | DFORD,INC.              |                     |                |             |
| DOING BUSINESS A THE FLATBRE  | AD COMPANY              |                     |                |             |
| ADDRESS 213 BURLINGTON ROAD   |                         |                     |                |             |
| CITY/TOWN: BEDFORD  | STATE: MA               | ZIP CODE:           | 01730          |             |
| MANAGER: Toomey, Sean TY  | PE OF LICENSE:Re        | staurant C          | CATEGORY:      | All Alcohol |
| EMAIL ADDRESS:  |                         |                     |                |             |
| PLEASE ALSO VISIT OUR W<br>DESCRIPTION OF LICENSED PREMI  | EBSITE AND ENTER YOUR E | MAIL ADDRESS        |                |             |
| <ol> <li>I hereby certify and swear under penalties</li> <li>the renewed license will be of</li> <li>the licensee has complied with</li> <li>the premises are now open for</li> </ol> | the same type for the   | monwealth relating  |                |             |
| SIGNED BY Individual, Partner   | r or Authorized Corpo   | orate Officer       |                |             |
|   |                         |                     |                |             |
| DATE: TELEPHON  | NE NUMBER:              |                     | ER IDENTIFICAT |             |
| We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.  | spector and the hea     | d of the fire depar | tment for the  | above       |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)   |                         | LOCAL LICEN By:     | SING AUTHO     | ORITY       |
| DATE:   |                         |                     |                |             |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| DESCRIPTION OF LICENSED PREMISES:  9000 S/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F: SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer   | LICENSE NUMBER                                | :008200016             |                          | CITY OR TO       | WN BEDFORD                               | )               |
|--|---|------------------------|--------------------------|------------------|--|-----------------|
| LICENSEE NAME: MANDARIN BEDFORD, INC.  DOING BUSINESS A BAMBOO  ADDRESS 213 BURLINGTON ROAD  CITY/TOWN: BEDFORD STATE: MA ZIP CODE: 01730  MANAGER: HUANG, ZHONG TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol QIANG  EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEISTITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  9000 S/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F; SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:   [If disapproved explain)  | APPLICATION FOR                               | RENEWAL:               | Annual                   | LIC              | CENSED FOR 20                            | 013             |
| DOING BUSINESS A BAMBOO ADDRESS 213 BURLINGTON ROAD CITY/TOWN: BEDFORD STATE: MA ZIP CODE: 01730 MANAGER: HUANG, ZHONG TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol QIANG EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES: 9000 S/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F: DINING AREAS 3,549 S/F: SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer    DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below:  |   |                        | CLASS                    |                  |  | YEAR            |
| ADDRESS 213 BURLINGTON ROAD  CITY/TOWN: BEDFORD STATE: MA ZIP CODE: 01730  MANAGER: HUANG, ZHONG TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol QIANG  EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  9000 S/F: WAITING/RECEPTION 451 S/F: CAFÉ W/10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F: SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 SS/F: RESTROOM AREAS 465 S/F: KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer    DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: MOIT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.    Please Check Below: LOCAL LICENSING AUTHORITY By:   | LICENSEE NAME:                                | MANDARIN BED           | FORD,INC.                |                  |  |                 |
| CITY/TOWN: BEDFORD STATE: MA ZIP CODE: 01730  MANAGER: HUANG, ZHONG TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol QIANG  EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WEBSTIE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES: 9000 5/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F: SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 SS/F; RESTROOM AREAS 465 S/F, KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer    DATE:   | DOING BUSINESS A                              | A BAMBOO               |                          |                  |  |                 |
| MANAGER: HUANG, ZHONG TYPE OF LICENSE:Restaurant QIANG  EMAIL ADDRESS:    PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS  DESCRIPTION OF LICENSED PREMISES:  9000 S/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F; SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer    DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below: LOCAL LICENSING AUTHORITY By:  DISAPPROVED:   DISAPPROVED:   UISAPPROVED:   UISAPPROVE | ADDRESS 213 BUR                               | LINGTON ROAD           |                          |                  |  |                 |
| EMAIL ADDRESS:    FILEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS    DESCRIPTION OF LICENSED PREMISES:   9000 S/F; WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F; SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.    I hereby certify and swear under penalties of perjury that:   1. the renewed license will be of the same type for the same premises now licensed;   2. the licensee has complied with all laws of the Commonwealth relating to taxes; and   3. the premises are now open for business (If not explain below)    SIGNED BY   | CITY/TOWN: BED                                | FORD                   | STATE: MA                | ZIP CODE         | E: 01730                                 |                 |
| DESCRIPTION OF LICENSED PREMISES:  9000 S/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F; SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By:  DISAPPROVED:   [If disapproved explain)   |   |                        | PE OF LICENSE: Resi      | taurant          | CATEGORY:                                | All Alcohol     |
| DESCRIPTION OF LICENSED PREMISES:  9000 S/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F: SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY APPROVED:  DISAPPROVED:  [If disapproved explain]  | EMAIL ADDRESS:                                |                        |                          |                  |  |                 |
| 9000 S/F: WAITING/RECEPTION 451 S/F; CAFÉ W/ 10 BAR STOOLS AT FULL MENU SERVICE BAR 654 S/F; DINING AREAS 3,549 S/F: SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UI disapproved explain)  | P   | LEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EM | IAIL ADDRESS     |  | _               |
| BAR 654 S/F; DINING AREAS 3,549 S/F: SUSHI BAR AND DINING 457 S/F; BUFFET AREA 306 S/F; RESTROOM AREAS 465 S/F; KITCHEN AREA 3,147 S/F; OCCUPANCY - 218 SEATS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UIGH disapproved explain)  |   |                        |                          |                  |  |                 |
| 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:   | BAR 654 S/F; DININ                            | G AREAS 3,549 S/       | F: SUSHI BAR AND         | DINING 457       | S/F; BUFFET AR                           | REA 306         |
| 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  APPROVED:  By:  DISAPPROVED:  (If disapproved explain)  | I hereby certify and sv                       | wear under penalties   | of perjury that:         |                  |  |                 |
| 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:   DISAPPROVED:   UIGH disapproved explain)  |   |                        | • •                      | •                |  |                 |
| SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:   |   |                        |                          |                  | ing to taxes; and                        |                 |
| Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  | 3. the premis                                 | es are now open for    | business (If not expla   | in below)        |  |                 |
| Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  |   |                        |                          |                  |  |                 |
| DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  UIG disapproved explain)  | SIGNED BY                                     | Individual, Partner    | or Authorized Corpor     | rate Officer     |  |                 |
| We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  By:  DISAPPROVED:  (If disapproved explain)   |   | ,                      | ·                        |                  |  |                 |
| We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  By:  DISAPPROVED:  (If disapproved explain)   |   |                        |                          |                  |  |                 |
| We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  By:  DISAPPROVED:  (If disapproved explain)   | DATE:   | TELEPHON               | E NUMBER:                | EMPLO            | OYER IDENTIFICAT                         | TON NUMBER:     |
| Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)  LOCAL LICENSING AUTHORITY  By:  |   | 12211101               | 21,0112211               | (Note: <u>NO</u> | $\underline{\Gamma}$ Individual Social S | ecurity Number) |
| APPROVED: By:  DISAPPROVED: U  (If disapproved explain)  | Acts of 2004, signed named license and (2004) | by the building in     | spector and the head     | of the fire dep  | partment for the                         | above           |
| DISAPPROVED:   | Please Check Below:                           |                        |                          | LOCAL LIC        | ENSING AUTH                              | ORITY           |
| (If disapproved explain)   |   |                        |                          | By:              |  |                 |
|  | 1   |                        |                          |                  |  |                 |
| DATE:  | (11 disappioved explai                        | 111)                   |                          |                  |  |                 |
| DATE:  |   |                        |                          |                  |  | <del></del>     |
|  | DATE:   |                        |                          |                  |  |                 |



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| LICENSE NUM                | ABER: 008200017      |   | CITY OR TOV        | NN BEDFORD               | )            |
|----------------------------|----------------------|---|--------------------|--------------------------|--------------|
| APPLICATION                | FOR RENEWAL:         | Annual  | LIC                | CENSED FOR 20            | 013          |
|                            |                      | CLASS   |                    |                          | YEAR         |
| LICENSEE NA                | ME: Craighouse M     | Ianagement, Inc                                       |                    |                          |              |
| DOING BUSIN                | TESS A The Melting   | g Pot   |                    |                          |              |
| ADDRESS 213                | Burlington Rd        |   |                    |                          |              |
| CITY/TOWN:                 | BEDFORD              | STATE: MA   | ZIP CODE           | i: 01730                 |              |
| MANAGER:                   | Skedd, Brian         | TYPE OF LICENSE: R                                    | estaurant          | CATEGORY:                | All Alcohol  |
| EMAIL ADDR                 | ESS:                 |   |                    |                          |              |
|                            |                      | OUR WEBSITE AND ENTER YOUR                            | EMAIL ADDRESS      |                          |              |
|                            | OF LICENSED PR       |   |                    |                          |              |
| 5200 sq ft, one with staff | main entrance, 2 eme | ergency exits, 65 parking                             | spaces, seating fo | or 160 and 200 oc        | ecupancy     |
| I hereby certify           | and swear under per  | nalties of perjury that:                              |                    |                          |              |
| 1. the r                   | enewed license will  | be of the same type for the                           | ne same premises   | now licensed;            |              |
|                            | •                    | d with all laws of the Con                            |                    | ng to taxes; and         |              |
| 3. the p                   | premises are now ope | en for business (If not exp                           | olain below)       |                          |              |
|                            |                      |   |                    |                          |              |
| SIGNED BY                  | Individual P         | artner or Authorized Corp                             | oorate Officer     |                          |              |
|                            | marviaum, 1          | arther of Humorized Corp                              | gorate Officer     |                          |              |
|                            |                      |   |                    |                          |              |
| DATE:                      | TEI ED               | PHONE NUMBER:   | EMPLO              | YER IDENTIFICAT          | TION NUMBER: |
|                            | TELEF                | HONE NOWIDER.   |                    |                          |              |
| *** 41 1                   |                      |   | 1                  | . 11 01 4                | 204 84       |
|                            |                      | ve are in possession (1) t<br>ng inspector and the he |                    |                          |              |
|                            |                      | ate of liquor liability ins                           |                    |                          |              |
| Please Check Belov         | <u>w:</u>            |   | LOCAL LIC          | ENSING AUTH              | ORITY        |
| APPROVED:                  |                      |   | By:                |                          |              |
| DISAPPROVE                 |                      |   |                    |                          |              |
| (If disapproved            | explain)             |   |                    |                          |              |
|                            |                      |   | -                  |                          |              |
| DATE:                      |                      |   |                    |                          |              |
| APPLICATION FOR            | RENEWAL MUST BE FILE | D BY LICENSEES DURING THE                             | MONTH OF NOVEMBE   | ER (M.G.L. Ch. 138 \$ 10 | 6A)          |



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| LICENSE NUMBER:                            | 008200019             |                         | CITY OR TOV        | WN BEDFORI              | D                |
|--|-----------------------|-------------------------|--------------------|-------------------------|------------------|
| APPLICATION FOR F                          | RENEWAL:              | Annual                  | LIC                | CENSED FOR 2            | 2013             |
|  |                       | CLASS                   |                    |                         | YEAR             |
| LICENSEE NAME:                             | MUSTARD GREI          | EN INC.                 |                    |                         |                  |
| DOING BUSINESS A                           | ASIANA BISTR          | dO.                     |                    |                         |                  |
| ADDRESS 200 THE C                          | REAT ROAD, U          | NIT #1A-2B              |                    |                         |                  |
| CITY/TOWN: BEDF                            | ORD                   | STATE: MA               | ZIP CODE           | : 01730                 |                  |
| MANAGER: HO, M.                            | AN CHIU TY            | PE OF LICENSE: R        | estaurant          | CATEGORY:               | All Alcohol      |
| EMAIL ADDRESS:                             | -                     | -                       |                    |                         |                  |
| PLI  | EASE ALSO VISIT OUR W | VEBSITE AND ENTER YOUR  | EMAIL ADDRESS      |                         | <del></del>      |
| DESCRIPTION OF LI                          |                       |                         |                    |                         |                  |
| 3500 SQ. FT. SPACE V<br>WITHIN THE FIRST I |                       |                         |                    |                         | ED               |
| I hereby certify and swe                   | ear under penaltie    | s of perjury that:      |                    |                         |                  |
| 1. the renewed                             | license will be of    | f the same type for the | ne same premises i | now licensed;           |                  |
| 2. the licensee                            | has complied with     | h all laws of the Cor   | nmonwealth relati  | ng to taxes; and        |                  |
| 3. the premises                            | are now open for      | r business (If not exp  | olain below)       |                         |                  |
| CICNED DV                                  |                       |                         |                    |                         |                  |
| SIGNED BY                                  | Individual, Partne    | r or Authorized Cor     | porate Officer     |                         |                  |
|  |                       |                         |                    |                         |                  |
|  |                       |                         |                    |                         |                  |
| DATE:                                      | TELEPHON              | NE NUMBER:              | EMPLC              | YER IDENTIFICA          | TION NUMBER:     |
|  |                       |                         | (Note: NOT         |                         | Security Number) |
| We the undersigned,                        | attest that we are    | e in possession (1) t   | he certificate reo | uired by Chap           | ter 304 of the   |
| Acts of 2004, signed b                     | y the building in     | spector and the he      | ad of the fire dep | artment for the         | e above          |
| named license and (2) of 2010.             | the certificate of    | f liquor liability ins  | surance required   | by Chapter 11           | 6 of the Acts    |
| Please Check Below:                        |                       |                         | LOCALLIC           | ENSING AUTH             | IODITV           |
| APPROVED:                                  |                       |                         | By:                | ENSING AUTH             | IORII I          |
| DISAPPROVED:                               |                       |                         |                    |                         |                  |
| (If disapproved explain                    | )                     |                         |                    |                         |                  |
|  |                       |                         |                    |                         |                  |
| DATE:                                      |                       |                         |                    |                         |                  |
| APPLICATION FOR RENEWAL                    | LMUST RE FILFD RV I   | LICENSEES DURING THE    | MONTH OF NOVEMBE   | ER (M.G.L. Ch. 138 \$ 1 |                  |
|  |                       |                         |                    | ( υ του φ ι             | - /              |



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| LICENSE NUMBER: 0  | 008200020               |                   | CITY OR T         | TOWN BED        | FORD                    |
|--|-------------------------|-------------------|-------------------|-----------------|-------------------------|
| APPLICATION FOR F  | RENEWAL:                | Annual            |                   | LICENSED F      | FOR 2013                |
|  |                         | CLASS             |                   |                 | YEAR                    |
| LICENSEE NAME: I   | TREBOX BBQ,LL           | C                 |                   |                 |                         |
| DOING BUSINESS A   | FIRE BOX BBQ            |                   |                   |                 |                         |
| ADDRESS 347 GREA   | T ROAD                  |                   |                   |                 |                         |
| CITY/TOWN: BEDFO   | ORD                     | STATE:            | MA ZIP CO         | DE: 017         | 30                      |
| MANAGER: GOLDS<br>DAVOI  | /                       | E OF LICENSI      | E:Restaurant      | CATEG           | ORY: All Alcohol        |
| EMAIL ADDRESS:   |                         |                   |                   |                 |                         |
| PLI  | EASE ALSO VISIT OUR WEI | BSITE AND ENTER Y | OUR EMAIL ADDRESS |                 |                         |
| DESCRIPTION OF LI  |                         |                   |                   |                 |                         |
| 2,500 SQ. FT. RESTAURESTROOMS AND O  |                         | SEATS,OPEN        | KITCHEN AND       | SERVICE CO      | OUNTER,2                |
| I hereby certify and swe   | ear under penalties     | of perjury that:  |                   |                 |                         |
| 1. the renewed   | license will be of the  | he same type fo   | r the same premis | ses now licens  | sed;                    |
| 2. the licensee  | has complied with       | all laws of the ( | Commonwealth re   | lating to taxes | s; and                  |
| 3. the premises  | s are now open for b    | ousiness (If not  | explain below)    |                 |                         |
|  |                         |                   |                   |                 |                         |
| SIGNED BY  |                         |                   |                   |                 |                         |
| ]  | Individual, Partner     | or Authorized (   | Corporate Officer |                 |                         |
|  |                         |                   |                   |                 |                         |
|  |                         |                   |                   |                 |                         |
| DATE:  | TELEPHONE               | E NUMBER:         |                   |                 | TIFICATION NUMBER:      |
|  |                         |                   | (Note:            | NO1 Individual  | Social Security Number) |
| We the undersigned, a Acts of 2004, signed be named license and (2) of 2010. | y the building insp     | pector and the    | head of the fire  | department f    | for the above           |
| Please Check Below:  |                         |                   | LOCAL I           | ICENSING A      | AUTHORITY               |
| APPROVED:  | 1                       |                   | By:               |                 |                         |
| DISAPPROVED:   |                         |                   |                   |                 |                         |
| (If disapproved explain  | )                       |                   |                   |                 |                         |
|  |                         |                   |                   |                 |                         |
| DATE:  |                         |                   |                   |                 |                         |



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| LICENSE NUMBER: U  | 08200021                |                          | CITY OR TOWN       | DEDFORD   |
|--|-------------------------|--------------------------|--------------------|---|
| APPLICATION FOR R  | ENEWAL:                 | Annual                   | LICEN              | ISED FOR 2013   |
|  |                         | CLASS                    |                    | YEAR  |
| LICENSEE NAME: B   | OARDROOM B              | ISTRO LLC                |                    |   |
| DOING BUSINESS A   | BOARDROOM I             | BISTRO                   |                    |   |
| ADDRESS 54 MIDDLE  | ESEX TURNPIK            | E                        |                    |   |
| CITY/TOWN: BEDFO   | ORD                     | STATE: MA                | ZIP CODE:          | 01730   |
| MANAGER: KARAS<br>NICHO  |                         | PE OF LICENSE: Res       | taurant C          | CATEGORY: All Alcohol   |
| EMAIL ADDRESS:   |                         |                          |                    |   |
| PLE  | ASE ALSO VISIT OUR W    | EBSITE AND ENTER YOUR EM | IAIL ADDRESS       |   |
| DESCRIPTION OF LIC   | CENSED PREMI            | SES:                     |                    |   |
| 3583 SQ FT OF SPACE<br>IN MIXED USED ZON<br>INSIDE OF BUILDING<br>SEATS ON PATIO SEA | E WITH ACCES WITH TOTAL | S TO OUTSIDE FRO         | NT OF BUILDIN      | G AND FROM  |
| I hereby certify and swe   | ar under penalties      | of perjury that:         |                    |   |
| 1. the renewed   | license will be of      | the same type for the    | same premises nov  | v licensed;   |
| 2. the licensee l  | nas complied with       | all laws of the Comm     | nonwealth relating | to taxes; and   |
| 3. the premises  | are now open for        | business (If not expla   | in below)          |   |
| SIGNED BY  | ndividual, Partner      | or Authorized Corpo      | rate Officer       |   |
|  |                         |                          |                    |   |
| DATE:  | TELEPHON                | E NUMBER:                | EMPLOYE            | R IDENTIFICATION NUMBER:  |
|  |                         |                          | (Note: NOT In      | dividual Social Security Number)  |
| Acts of 2004, signed by  | y the building in       | spector and the head     | of the fire depart | red by Chapter 304 of the<br>tment for the above<br>Chapter 116 of the Acts |
| Please Check Below: APPROVED:  |                         |                          | LOCAL LICEN<br>By: | SING AUTHORITY  |
| DISAPPROVED:   |                         |                          | ~ <i>,</i> .       |   |
| (If disapproved explain)   |                         |                          |                    |   |
|  |                         |                          | -                  |   |
| DATE   |                         |                          |                    |   |
| DATE:  |                         |                          |                    |   |